

CENTERS FOR MEDICARE AND MEDICAID SERVICES

REGION V – CHICAGO

REQUEST TO PROVIDE CAPD/CCPD SERVICES QUESTIONNAIRE

FACILITY NAME _____

CITY AND STATE _____

1. Do you agree to furnish a certificate of completion which includes any pertinent limitations whenever a patient has successfully completed a course of training?

Yes _____

No _____

2. Do you agree to furnish and have instructional materials available for the use of trainees both during the training and at times other than during this dialysis procedure?

Yes _____

No _____

3. Do the personnel involved in training have an adequate knowledge of the CAPD/CCPD process?

Yes _____

No _____

4. Does the nurse designated responsible for CAPD/CCPD training meet the regulatory conditions identified in 42 CFR 402.2102 (see page 3)? Attach curriculum vitae for nurse.

Yes _____

No _____

5. How many years and months experience in peritoneal dialysis and the maintenance or peritoneal access does the nurse responsible for CAPD/CCPD services have?

_____ years and _____ months

6. Identify the manner in which each of the services below is provided. (**NOTE: While the support services listed below are provided under arrangement or agreement with another Medicare approved end stage renal disease supplier, CAPD/CCPD training must be furnished by your facility directly.**)
- a. Surveillance of the CAPD/CCPD patient's home adaptation which includes provisions for visits to the home or patient's visits to the facility:
 - _____ Provided directly.
 - _____ Provided under arrangement or agreement with another approved ESRD facility: name of facility _____
 - _____ Do not provide.
 - b. Consultation for the patient with a qualified social worker and a qualified dietitian:
 - _____ Provided directly.
 - _____ Provided under arrangement or agreement with another approved ESRD facility: name of facility _____
 - _____ Do not provide.
 - c. A record keeping system which assures continuity of care for the CAPD/CCPD patients:
 - _____ Provided directly.
 - _____ Provided under arrangement or agreement with another approved ESRD facility: name of facility _____
 - _____ Do not provide.
 - d. CAPD/CCPD supplies ordered on an ongoing basis:
 - _____ Provided directly.
 - _____ Provided under arrangement or agreement with another approved ESRD facility: name of facility _____
 - _____ Do not provide.
 - e. Hemodialysis or intermittent peritoneal dialysis as required:
 - _____ Provided directly.
 - _____ Provided under arrangement or agreement with another approved ESRD facility: name of facility _____
 - _____ Do not provide.
7. Will you monitor the CAPD/CCPD patient through periodic visits (at least once every 90 days) which include an evaluation of the patient's medical condition and a review of the patient's continuing ability to perform CAPD/CCPD and record whether the patient has, or has had, peritonitis requiring physician or hospital care?
- Yes _____
- No _____

8. What is the date you began offering or will begin offering CAPD/CCPD services?

Date: _____

Type or print name of facility's chief executive officer _____

Chief executive officer's signature, attesting to the
accuracy of the above responses: _____

Signature date: _____

402.2102 Definitions:

(d) Nurse responsible for nursing service. A person who is licensed as a registered nurse by the State in which practicing, and:

- (1) Has at least 12 months of experience in clinical nursing, and an additional six months of experience in nursing care of the patient with permanent kidney failure or undergoing kidney transplantation, including training in and experience with the dialysis process; or
- (2) Has 18 months of experience in nursing care of the patient on maintenance dialysis, or in nursing care of the patient with a kidney transplant, including training in and experience with the dialysis process; or
- (3) If the nurse responsible for nursing service is in charge of self-care dialysis training, at least three months of the total required ESRD experience is in training patients in self-care.